

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:  
10/009583

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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48									
49									
50									
TOTAL IND.			3						
TOTAL DEP.			8						
TOTAL CLAIMS			11						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS